**STUART LAKE HOSPITAL AUXILIARY BURSARY**

**APPLICABLE SCHOOLS** Fort St. James Secondary School

**AMOUNT OF REWARD** $2000 in 2 amounts

**NUMBER OF AWARDS**  One (1) unless a motion is made to offer more than one in the same year and the motion is carried.

**ELIGIBILITY**

1- the bursary will be awarded to a Fort. St. James student who plans to continue their education in a health-oriented field. 2- the award will be made on the basis of financial need, academic achievement, citizenship and aptitude for the course chosen. 3- the bursary will be paid directly to the student. $1000 the first year and $1000 the second year. The student must provide proof of registration for full-time studies to a post-secondary institute of their choice, to the Stuart Lake Hospital Auxiliary. 4- higher consideration may be given to a student who has joined the Junior Volunteer Program through the Stuart Lake Hospital Auxiliary. 5- **candidates must complete the application form and attach:**

1. A **transcript** of the grades achieved in Grades 11 (full year) and 12 (term to date) b) **2 or more written references.** At least one reference must be from outside the school system and be a non-relative. c) **a short essay with the following criteria** indicating why the applicant is interested in a health-oriented career, personal interests, career goals, plans for achieving those goals and financial need.

6-the bursary will be valid for a period of twelve months from the date of the

award. An extension of one year may be granted provided the Auxiliary is notified,

in writing, with an explanation of the delay in starting studies.

7-**application deadline-** must be postmarked no later than May 15th. Failure to

comply with the above eligibility disqualifies the application. No exceptions.

8-no hand delivered applications will be accepted.

9-the bursary will be presented at the Secondary School Graduation Ceremonies.

10-**all completed applications must be mailed to**

The Bursary Committee

Stuart Lake Hospital Auxiliary

Box 1060

Fort St. James. B.C. V0J 1P0

**STUART LAKE HOSPITAL AUXILIARY SOCIETY**

**BURSARY APPLICATION FORM**

**NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SURNAME GIVEN NAME**

**DATE OF BIRTH** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TELEPHONE** # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BOX # ST. ADDRESS**

1. **WHICH MEDICAL FIELD ARE YOU CONSIDERING?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **WHICH EDUCATIONAL INSTITUTION HAVE YOU APPLIED TO?**

**INSTITUTIONS NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **WERE YOU A PARTICIPANT IN THE JUNIOR VOLUNTEER PROGRAM AT THE HOSPITAL? YES \_\_\_\_ NO\_\_\_**
2. **LIST ANY HONOURS OR AWARDS YOU HAVE RECEIVED, FROM SCHOOL OR COMMUNITY, IN THE LAST THREE SCHOOL YEARS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **LIST ANY ORGANIZATIONS, CLUBS, OR SOCIAL ACTIVITIES IN YOUR SCHOOL OR COMMUNITY IN WHICH YOU HAVE BEEN INVOLVED IN OVER, THE LAST THREE YEARS. AS A VOLUNTEER OR PARTICIPANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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PLEASE NOTE THE OTHER RQUIRED INFORMATION (LISTED ON BACK OF PAGE) TO BE ATTACHED TO THIS APPLICATION. GOOD LUCK AND THANK YOU FOR CONSIDERING A MEDICAL CAREER**